

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10/775379</div>		Filing Date	
				Applicant(s)			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1					
Total Depend	4					
Total Claims	5					

* May be used for additional claims or amendments						
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Filing Date

Applicant(s)

* May be used for additional claims or amendments

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